



120303

13281 U.S. PTO

## UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

15757 U.S. PTO

10/725601



120303

Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	SIGU3012/JEK/JJC
	First Named Inventor (or identifier)	SIGURJONSSON
	Total Pages	66

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: WOUND DRESSING

- ☒ 1. Submitted herewith are the following:
- 42 pages of specification.
  - ☒ Abstract.
  - 10 sheet(s) of drawings.
  - 20 claim(s).
  - ☒ Oath/Declaration signed by each inventor.
  - ☒ Application Data Sheet.
  - ☐ Preliminary Amendment.
  - ☒ Information Disclosure Statement(s).
  - 3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.
  - ☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.
  - ☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.
  - ☒ check in the amount of \$ 810.00 including any assignment recordal fee.
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -
- ☐ 6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	20	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	2	- 3 =	0	X \$86 =	\$0.00
Correspondence Address:  23364 Customer Number				Multiple Dependent Claim (add \$290.00):	
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$770.00
Date:	Name:		Signature:		Reg. No.
December 3, 2003	JUSTIN J. CASSELL				46,205